

CHAPTER 17

FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1	Use of forms; mandatory for self-represented litigants
Rules 17.2 to 17.99	Reserved
Rule 17.100	Family law forms
	Forms for dissolution of marriage with no minor children
Form FL-17.101	Petition for Dissolution of Marriage With No Minor Children
Form FL-17.102	Petition Coversheet for a Dissolution of Marriage With No Minor Children
Form FL-17.103	Confidential Information Form
Form FL-17.104	Original Notice for Personal Service
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Form FL-17.108	Original Notice by Publication
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Form FL-17.301	Application to Modify Child Support Only
Form FL-17.302	Application Coversheet for a Modification of Child Support Only
Form FL-17.303	Confidential Information Form
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Forms FL-17.307 and 17.308	Reserved
Form FL-17.309	Application and Affidavit to Defer Payment of Costs
Forms FL-17.310 to 17.314	Reserved
Form FL-17.315	Answer to Application to Modify Child Support Only
Form FL-17.316	General Answer to Application to Modify Child Support Only
Forms FL-17.317 to 17.321	Reserved
Form FL-17.322	Motion
Form FL-17.323	Response to a Motion
Form FL-17.324	Child Support Modification Financial Statement
Form FL-17.325	Affidavit of Mailing Notice
Form FL-17.326	Notice of Intent to File Written Application for Default Decree

Form FL-17.327	Request for Relief in an Application to Modify Child Support Only
Form FL-17.328	Settlement Agreement for an Application to Modify Child Support Only

CHAPTER 17

FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants. An individual who is not represented by an attorney must use these forms. An attorney may use these forms but is not required to do so. Instructions on how to use the forms can be found at www.iowacourts.gov/Court Rules and Forms/Family Law Forms/ on the judicial branch website.
[Court Order May 16, 2007]

Rules 17.2 to 17.99 Reserved.

Rule 17.100 Family law forms.

FL-17.101 PETITION FOR DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where you are filing this Petition)

IN RE THE MARRIAGE OF:

_____ and _____
(Your name) (Your spouse's name)

B. UPON THE PETITION OF

PETITIONER *(Your full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Your spouse's full name: first, middle, last)*

Equity case number:

Petition for Dissolution of Marriage With No Minor Children
(CLERK STAMPS HERE)

C. PERSONAL INFORMATION

1. Petitioner's *(your)* birth date and present residence: _____
(Date of birth)

(Present street address) (City) (State) (Zip code)

(County) (Phone number)

2. Respondent's *(your spouse's)* birth date and present residence: _____
(Date of birth)

(Present street address) (City) (State) (Zip code)

(County) (Phone number)

E. REQUEST OF THE PETITIONER

11. The Petitioner asks the court to (*check all that apply*):

- a. End the marriage of the Petitioner (*you*) and Respondent (*your spouse*).
- b. Fairly divide the property and the debts of the parties.
- c. Order that the Respondent (*your spouse*) pay the court fees.
- d. Order that the Respondent (*your spouse*) pay for Petitioner's (*your*) attorney fees.
- e. Order that the Respondent (*your spouse*) pay alimony to the Petitioner (*you*).
- f. Change the Petitioner's (*your*) last name to:

_____ (Print your former or maiden name)

g. Other request: _____

F. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
b. An attorney helped me prepare or fill in this paper. (*If you check b., you must fill in the following information*):

(Name of attorney or organization, if any) _____ (Attorney's P.I.N. # -- Ask the attorney)

(Business address of attorney or organization) _____ (City) _____ (State) _____ (Zip code)

() _____ () _____
(Attorney's phone number - required) (Attorney's fax number, if there is one)

G. OATH AND SIGNATURE

I, _____, have read the above Petition, and I certify
(Print your name)
under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Petition is true and correct.

_____, 20_____
(Date) _____ (Your signature - Required)

(Your mailing address - Required) _____ (City - Required)

(State, Zip code - Required) () _____ (Phone number - Optional)

(E-mail address - Optional) () _____ (Fax number - Optional)

FL-17.102 Petition Coversheet for a Dissolution of Marriage With No Minor Children

<p>1 NAME & ADDRESS of Petitioner</p> <hr/> <p>Petitioner's (Your) Name</p> <hr/> <p>Petitioner's (Your) Street Address City, State, Zip Code</p> <hr/> <p>Petitioner's (Your) Telephone Number: () _____</p>	<p style="text-align:center">FOR COURT USE ONLY</p> <p>CASE NUMBER: _____</p> <hr/> <p>COUNTY WHERE CASE WAS FILED: _____</p> <hr/>
<p>2 CASE NAME</p> <hr/> <p style="text-align:center"><i>Petitioner (You)</i></p> <p>vs.</p> <hr/> <p style="text-align:center"><i>Respondent (Your spouse)</i></p>	

3 NATURE OF THE CASE: Check the box to the left of the one case category that most accurately describes your primary case. If you are making more than one type of claim, check the one that involves the largest amount of damages or the one you consider most important.

	LAW: Contract/ Commercial Claim	EQUITY - Domestic Relations	EQUITY - Other
	Debt collection (LA-C1)		Dissolution -- children involved (CD-DC)
	Employment-related claim (LA-C3)	X	Dissolution -- no children (CD-DN)
	Other contract or commercial claim (LA-C9)		Modification -- children involved (CD-MC)
			Modification -- no children (CD-MN)
			Mortgage foreclosure (EQ-EM)
			Other real property claim (EQ-ER)
			Other equity (EQ-EO)
	LAW: Tort - Personal Injury (P.I.)		OTHER CIVIL ACTIONS
	Motor vehicle accident (LA-T2)		236 - Domestic abuse (DA-DA)
	Premises liability / slip & fall (LA-T3)		234 - Foster care (DR-D1)
	Malpractice: medical or dental (LA-T1)		252A.18 - Support action (DR-D2)
	Products liability (toxic chem. / subst.) (LA-T8)		252A.18 - Foreign support (DR-D3)
	Products liability (not toxic substance) (LA-T4)		252B.11 - Cost recovery (DR-D4)
	Wrongful death (LA-T7)		252C - Administrative Order (DR-D5)
	Other negligent / intentional P.I. (LA-T9)		252D - Income withholding (DR-D6)
			252E - Medical support (DR-D7)
			252F/ § 600B - Paternity (DR-D8)
			252K - UFISA (DR-R1)
	Professional malpractice - no P.I. (LA-T5)		598B - Out of state custody (DR-R2)
	Fraud / business tort (LA - C2)		600 - Adoption (AT-AT)
	Other tort - property/financial damages (LA-T6)		Other domestic relations action (DR-D9)
			FOR COURT USE ONLY

***NOTE TO PETITIONER:**

- Pursuant to 1.301(2) of the Iowa Rules of Civil Procedure, a cover sheet **must** accompany each civil petition except: small claims, probate, or commitment actions.
- DO NOT SERVE THIS COVER SHEET ON THE RESPONDENT (Your Spouse).**
- A cover sheet is not required when filing a counterclaim or cross-claim.
- This cover sheet is for statistical purposes only. It shall have no legal effect in the case.

[Court Order May 16, 2007]

FL-17.105 ACCEPTANCE OF SERVICE
PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where you are filing the Petition)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

<p>Equity case number:</p> <hr/> <p>Acceptance of Service <i>(CLERK STAMPS HERE)</i></p>
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C. RESPONDENT'S ACCEPTANCE OF SERVICE, OATH, AND SIGNATURE

I am the Respondent in this case. I received a copy of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify, as required by Iowa law and under penalty of perjury, that the information I have provided is true and correct.

_____, 20_____
(Date) (Respondent's signature - Required)

(Respondent's mailing address) (City) (State) (Zip Code)

(Phone number, if available) (Fax number, if available)

NOTICE TO RESPONDENT:
By signing this you are not agreeing to what the Petitioner wants. You are only agreeing that you received a copy of the Original Notice and Petition.

[Court Order May 16, 2007]

FL-17.107 MOTION AND AFFIDAVIT TO SERVE BY PUBLICATION

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where you filed the Petition)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

<p>Equity case number:</p> <p>_____</p> <p>Motion and Affidavit To Serve by Publication <i>(CLERK STAMPS HERE)</i></p>
--

C. INFORMATION AND REQUEST

1. Check all that apply:
 - Respondent lives outside of Iowa;
 - Respondent's residence and place of employment are unknown.

2. Respondent's last known residence:

_____ (Street address) _____ (City) _____ (State) _____ (Zip code)

3. Date Respondent was last at the above address: _____, _____
(Month and day) (Year)

4. Petitioner has taken these steps to find the Respondent:

5. Petitioner will publish notice in this newspaper: _____
(Name of newspaper)

6. THEREFORE, the Petitioner asks the court to allow Petitioner to serve the Respondent by publication because the Respondent cannot be personally served.

D. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information):

(Name of attorney or organization, if any) (Attorney's P.I.N. # -- Ask the attorney)

(Business address of attorney or organization) (City) (State) (Zip code)

(_____) _____
(Attorney's phone number – required) (Attorney's fax number, if there is one)

E. OATH AND SIGNATURE

I, _____, have read the above Motion and Affidavit,
(Print your name)

and I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Motion and Affidavit is true and correct.

_____, 20_____
(Date) (Your signature - Required)

FL-17.108 ORIGINAL NOTICE BY PUBLICATION

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where you filed the Petition)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

Equity case number:

Original Notice by Publication
(CLERK STAMPS HERE)

C. INFORMATION FOR THE RESPONDENT NAMED ABOVE

- The Petitioner (your spouse) has filed a lawsuit naming you as the Respondent.
- The Petitioner asks for a divorce.
- Petitioner's contact information: *(Name):* _____

(Street address) (City) State Zip code

(Phone number) (Fax number, if any)

D. INSTRUCTIONS TO THE RESPONDENT NAMED ABOVE

1. **Deadline for filing a response:** You must file an Answer or a Motion with the district court clerk in the above county within **20 days** after _____, 20__.
2. Original Notice. If you received Petition form **FL-17.101** you may use Answer form **FL-17.115**.
3. After you file your Answer or Motion, you must serve a copy of it on the Petitioner by mail or in-person.
4. If you do not file an Answer or Motion at the district court clerk's office within **20 days** after receiving this Notice, the **court may enter a judgment against you** granting the Petitioner's requests in the Petition.
5. If you need assistance to participate in court due to a disability, immediately call your district ADA coordinator at _____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

(Seal) District Court Clerk or Designee: _____

County Courthouse
_____, Iowa _____
(City) (Zip Code)

IMPORTANT:

RESPONDENT: YOU SHOULD TALK TO AN ATTORNEY AT ONCE TO PROTECT YOUR INTERESTS.

[Court Order May 16, 2007]

FL-17.109 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where your case is filed)

B. NAMES

PETITIONER *(Full name: first, middle, last)*

RESPONDENT *(Full name: first, middle, last)*

<p>Equity case number:</p> <hr/> <p>Application and Affidavit to Defer Payment of Costs <i>(CLERK STAMPS HERE)</i></p>
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C. REQUEST

1. I am the *(Check one):*

- a. Petitioner
- b. Respondent

2. *(Check all that apply):*

- a. I am unable to pay the filing fee or service costs or other court costs.
- b. I ask the Court for permission to proceed without prepayment of costs and fees.
- c. I am filing this application and affidavit in good faith.
- d. I believe I am entitled to what I am asking for in this case.

D. FINANCIAL INFORMATION

3. Number of people living in my household: _____

4. My household income is \$_____ per month.
(Put the amount of all income and benefits before deductions.)

5. List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP) _____

6. My household has the following monthly expenses:

- a. Rent or mortgage \$ _____
- b. Utilities \$ _____
- c. Telephone \$ _____
- d. Food \$ _____
- e. Transportation \$ _____

7. I have \$ _____ in cash, checking and savings.

E. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information):

(Name of attorney or organization, if any)	(Attorney's P.I.N. # -- Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
() (Attorney's phone number – required)	() (Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I, _____ have read the above Application and
 (Print your name)
 Affidavit. I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Petition is true and correct and that I gave or mailed a copy of this document to the other party or the other party's attorney (if any) on:
 (Date): _____, 20____.

(Your signature)

FL-17.115 ANSWER TO PETITION FOR DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where your spouse filed the Petition)

IN RE THE MARRIAGE OF:

_____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Your spouse's full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Your full name: first, middle, last)*

Equity case number:

**Answer to Petition for
Dissolution of Marriage
With No Minor Children
(CLERK STAMPS HERE)**

► **STOP!** Use this form only if you are responding to a Petition for Dissolution of Marriage on form **FL-17.101**. For all other situations, see the instructions for this form.

C. PERSONAL INFORMATION

1. *(Check only one. If paragraph 1 of the Petition is not correct, check the second box and fill in the blanks.)*

- The Petitioner's *(your spouse's)* birth date and present residence are correct in the petition.
- The Petitioner's *(your spouse's)* birth date and present residence: _____
(Date of birth)

(Present street address) (City) (State) (Zip code)

(County) (Phone number)

2. *(Check only one. If paragraph 2 of the Petition is not correct, check the second box and fill in the blanks.)*

- The Respondent's *(your)* birth date and present residence are correct in the petition.
- The Respondent's *(your)* birth date and present residence: _____
(Date of birth)

(Present street address) (City) (State) (Zip code)

(County) (Phone number)

E. REQUEST OF THE RESPONDENT

Respondent asks the court to:

(Check all that apply)

- a. End the marriage of the Petitioner (*your spouse*) and Respondent (*you*);
- b. Fairly divide the property and the debts of the parties.
- c. Order that the Petitioner (*your spouse*) pay the court fees.
- d. Order that the Petitioner (*your spouse*) pay for Respondent's (*your*) attorney fees.
- e. Order that the Petitioner (*your spouse*) pay alimony to the Respondent (*you*).
- f. Change the Respondent's (*your*) last name to:

_____ *(Print your former or maiden name)*

g. Other request: _____

F. ATTORNEY HELP

- Check one: a. An attorney did not help me prepare or fill in this paper.
- b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information):*

_____ *(Name of attorney or organization, if any)*

_____ *(Attorney's P.I.N. # -- Ask the attorney)*

_____ *(Business address of attorney or organization)*

_____ *(City)*

_____ *(State)*

_____ *(Zip code)*

(_____) _____ *(Attorney's phone number - required)*

(_____) _____ *(Attorney's fax number, if there is one)*

G. OATH AND SIGNATURE

I, _____, have read the above Answer, and I certify *(Print your name)*

under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Answer is true and correct. I also certify that I mailed or gave a copy of the Answer to the Petitioner or Petitioner's attorney (if any) on this date: _____, 20__.

_____ *(Your signature - Required)*

_____ *(Your mailing address - Required)*

_____ *(City - Required)*

_____ *(State, Zip code - Required)*

(_____) _____ *(Phone number - Optional)*

_____ *(E-mail address - Optional)*

(_____) _____ *(Fax number - Optional)*

FL-17.116 GENERAL ANSWER TO A PETITION

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the case was filed)

B. NAMES

PETITIONER *(Petitioner's name on Petition: First, Middle, Last)*

RESPONDENT *(Your name: First, Middle, Last)*

Equity case number:

General Answer to a Petition
(CLERK STAMPS HERE)

▶ **STOP!** If you are responding to a Petition labeled **FL-17.101** → do not use this form.
Use form **FL-17.115**

C. RESPONDENT'S ANSWER *(You are the Respondent.)*

1. Respondent admits that these paragraphs in the Petition are true:

(List the numbers of the paragraphs in the Petition that you think are true)

2. Respondent denies that these paragraphs in the Petition are true:

(List the numbers of the paragraphs in the Petition that you think are false)

3. Respondent does not know whether these paragraphs in the Petition are true:

(List the numbers of the paragraphs in the Petition that you are not sure about)

4. Respondent denies anything in the Petition that is not admitted in this Answer.

5. Other information: _____

D REQUEST OF THE RESPONDENT (You are the Respondent.)

Respondent asks the court to:

E. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information):

(Name of attorney or organization, if any) _____
(Attorney's P.I.N. # -- Ask the attorney)

(Business address of attorney or organization) _____
(City) _____
(State) _____
(Zip code)

(_____) _____
(Attorney's phone number – required) _____
(Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I, _____, have read the above Answer, and I certify
(Print your name)
 under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Answer is true and correct. I also certify that I mailed or gave a copy of the Answer to the Petitioner or Petitioner's attorney (if any) on this date: _____, 20____.

(Your signature - Required)

(Your mailing address – Required) _____
(City – Required)

(State, Zip code – Required) _____

(Phone number - Optional)

(E-mail address - Optional) _____

(Fax number - Optional)

FL-17.122 MOTION

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where your case is filed)

B. NAMES

PETITIONER *(Full name: first, middle, last)*

VS.

RESPONDENT *(Full name: first, middle, last)*

Equity case number: _____
Motion <i>(CLERK STAMPS HERE)</i>

C. REQUEST

1. I am the *(check one)*: Petitioner / Respondent
2. I ask the court to *(check all that apply)*:
 - a. Change the hearing date that has been set for _____, 20____.
 - b. Award me temporary financial support. *(Month & day)* *(Year)*
 - c. Order counseling (conciliation).
 - d. Set a hearing date for a divorce Decree by default.
 - e. Shorten the 90-day waiting period for getting a divorce Decree.
 - f. Other request *(explain)*: _____
3. I am making this request(s) because: _____

D. ATTORNEY HELP

- Check one:*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information):*

_____	_____
<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # -- Ask the attorney)</i>
_____	_____
<i>(Business address of attorney or organization)</i>	<i>(City) (State) (Zip code)</i>
(_____) _____	(_____) _____
<i>(Attorney's phone number – required)</i>	<i>(Attorney's fax number, if there is one)</i>

E. CERTIFICATION AND SIGNATURE

I ask this court to grant my Motion. I also certify that I mailed or gave a copy of this Motion to the other party or the other party's attorney (if any) on _____, 20____.

(Month & day) *(Year)*

Your signature *(Required)*: _____

FL-17.123 RESPONSE TO A MOTION

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where your case is filed)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

VS.

RESPONDENT *(Full name: first, middle, last)*

Equity case number:

Response to a Motion
(CLERK STAMPS HERE)

C. OPPOSITION TO REQUEST

1. I am the *(check one)*: Petitioner / Respondent
2. The other party filed a Motion on *(date stamped on Motion)*: _____, 20____.
(Month & day) (Year)
3. I oppose the following request(s) in that Motion *(check all that apply)*:
 - a. To change the hearing date that has been set for _____, 20____.
 - b. To award my spouse temporary financial support. *(Month & day) (Year)*
 - c. To order counseling (conciliation).
 - d. To set a hearing date for a divorce Decree by default.
 - e. To shorten the 90-day waiting period for getting a divorce Decree.
 - f. Other request *(explain)*: _____
4. I oppose the request(s) because: _____

D. ATTORNEY HELP

- Check one:*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information):*

(Name of attorney or organization, if any) _____
(Attorney's P.I.N. # -- Ask the attorney)

(Business address of attorney or organization) _____
(City) (State) (Zip code)

(_____) _____
(Attorney's phone number - required) (Attorney's fax number, if there is one)

E. CERTIFICATION AND SIGNATURE

I ask that this court grant my Response to the Motion. I also certify that I mailed or gave a copy of this Response to a Motion to the other party or that the other party's attorney (if any) on:

_____, 20____.
(Month & day) (Year) _____
(Your signature - Required)

[Court Order May 16, 2007]

FL-17.124 FINANCIAL AFFIDAVIT FOR DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where your case is filed)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

 PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

 RESPONDENT *(Full name: first, middle, last)*

Equity case number:

**Financial Affidavit for
 Dissolution of Marriage
 With No Minor Children
 (CLERK STAMPS HERE)**

C. Financial Statement of *(check the one that applies to you):*

- Petitioner
- Respondent

I, _____, state that this is a true and complete statement
(Print your name)
 of my assets, debts, and present income on the _____ day of _____, 20____.
Month *Year*

D. ASSETS

ASSETS: Things you and your spouse own. *(You may add extra sheets if needed.)*

*Owner (Whose name is on the deed or title?): **H** = Husband **W** = Wife **J** = Joint (Both)

Type of Assets	Owner* <i>(H, W, J)</i>	Market Value <i>(What it would sell for)</i>	Debt <i>(Total amount you still owe on it and to Whom Owed)</i>	Net Value <i>(Market value minus debt owed)</i>
1. Real estate Homestead (address)		\$	\$	\$
Other real estate (address):		\$	\$	\$

ASSETS --- Continued

*Owner (Whose name is on the car/vehicle title?): **H** = Husband **W** = Wife **J** = Joint (Both)

2. Vehicles <i>(Make, year):</i>	Owner* <i>(H, W, J)</i>	Market Value <i>(What it would sell for)</i>	Debt <i>(Total amount you still owe on it and to Whom Owed)</i>	Net Value <i>(Market value minus debt owed)</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the stocks or bonds?): **H** = Husband **W** = Wife **J** = Joint (Both)

3. Securities / Stocks & bonds <i>(Company name):</i>	Owner* <i>(H, W, J)</i>	Market Value <i>(What it would sell for)</i>	Debt <i>(Total amount you still owe on it and to Whom Owed)</i>	Net Value <i>(Market value minus debt owed)</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the policy?): **H** = Husband **W** = Wife **J** = Joint (Both)

4. Life Insurance <i>(Company name):</i>	Owner* <i>(H, W, J)</i>	Cash Value <i>(Not death benefit)</i>	Loan from Cash Value <i>(Total amount still owed on loan)</i>	Net Value <i>(Cash value minus loan owed)</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the bank/credit union account?): **H** = Husband **W** = Wife **J** = Joint (Both)

5. Checking & Savings Accounts <i>(Bank or credit union name):</i>	Owner* <i>(H, W, J)</i>	Cash Value	Personal loans or overdraft accounts <i>(Total amount you still owe on it)</i>	Net Value <i>(Cash value minus loan/overdraft owed)</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

ASSETS --- Continued

*Owner: **H** = Husband **W** = Wife **J** = Joint (Both)

6. Household Contents	Owner* (H, W, J)	Market Value (What it would sell for)	Debt (Total amount you still owe on it and to Whom Owed)	Net Value (Market value minus debt owed)
Furniture		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Appliances/Electronics		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Other (write in):		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the retirement account?): **H** = Husband **W** = Wife **J** = Joint (Both)

7. Retirement Assets (Examples: Pensions, IRAs, 401(k)s, Annuities, etc.)	Owner* (H, W, J)	Market Value (What it would sell for)	Loans from Retirement Account and to Whom Owed (Total amount you still owe on it)	Net Value (Market value minus loan owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner: **H** = Husband **W** = Wife **J** = Joint (Both)

8. Other Assets – List:	Owner* (H, W, J)	Market Value (What it would sell for)	Debt and to Whom Owed (Total amount you still owe on it)	Net Value (Market value minus debt owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
9. Total Net Value of Assets				\$

E. OTHER DEBTS

10. Other Debts (List only those not included as “debt” or “loans” under “Assets” in part **D.**)

*Whose debt is it? *H = Husband W = Wife J = Joint (Both)*

Name of Person or Business You and/or Your Spouse Owe	Whose debt?*(<i>H, W, J</i>)	Amount owed
a.		\$
b.		\$
c.		\$
d.		\$
e.		\$
f.		\$
g.		\$
h.		\$
i.		\$
j.		\$
k.		\$
l.		\$
m.		\$
n.		\$
o.		\$

p. Check this box if you have attached a sheet with additional information on other debts.

11. Total Other Debts (<i>including amounts shown on attached sheet, if any.</i>)	\$
--	----

F. INCOME**12. Current Income for Wife**

*How often paid: *W* = Weekly *B* = Bi-weekly (Every other week) *M* = Monthly *T* = Two times a month

Sources of Income:	How often paid? (W, B, M, T)*	Gross Amount (Before deductions)
a. Wages from employer (name):		\$
b. Wages from employer (name):		\$
c. Unemployment assistance		\$
d. Family Investment Program		\$
e. Social Security		\$
f. Other (identify):		\$
g. Other (identify):		\$
h. Other (identify):		\$

i. Check this box if you have attached a sheet with additional information on the Wife's income.

13. Deductions taken from Wife's income

*How often taken: *W* = Weekly *B* = Bi-weekly (Every other week) *M* = Monthly *T* = Two times a month

Income deduction taken from:	Deduction for: (Federal tax, state tax etc.)	How often taken? (W, B, M, T)*	Amount of deduction:
a. Wages from employer (name):			\$
b. Wages from employer (name):			\$
c. Unemployment assistance			\$
d. Family Investment Program			\$
e. Social Security			\$
f. Other (identify):			\$
g. Other (identify):			\$
h. Other (identify):			\$

i. Check this box if you have attached a sheet with additional information on the Wife's deductions.

14. Current Income for Husband

*How often paid: *W* = Weekly *B* = Bi-weekly (Every other week) *M* = Monthly *T* = Two times a month

Sources of Income:	How often paid? (W, B, M, T)*	Gross Amount (Before deductions)
a. Wages from employer (name):		\$
b. Wages from employer (name):		\$
c. Unemployment assistance		\$
d. Family Investment Program		\$
e. Social Security		\$
f. Other (identify):		\$
g. Other (identify):		\$
h. Other (identify):		\$

i. Check this box if you have attached a sheet with additional information on the Husband's income.

15. Deductions taken from Husband's income:

*How often taken out: *W* = Weekly *B* = Every other week *M* = Monthly *T* = Two times a month

Income deduction taken from:	Deduction for: (Federal tax, state tax etc.)	How often taken? (W, B, M, T)*	Amount of deduction:
a. Wages from employer (name):			\$
b. Wages from employer (name):			\$
c. Unemployment assistance			\$
d. Family Investment Program			\$
e. Social Security			\$
f. Other (identify):			\$
g. Other (identify):			\$
h. Other (identify):			\$

i. Check this box if you have attached a sheet with additional information on the Husband's deductions.

G. EXPENSES

16. Living Arrangements (*check one*)

- My spouse and I live in the same home.
 My spouse and I do not live in the same home.

17. My Expenses: (Note: You must complete this section if you or your spouse wants alimony.)

*How often paid: *W=Weekly* *B=Bi-weekly (every other week)* *M = Monthly*
T = Two times a month *A=Annually*

Type of Expense	Owed to:	How often paid (W, B, M, T, A)*	Monthly Amount
a. House payment or rent			\$
b. Food (<i>at home & restaurants</i>)			\$
c. Transportation (gas, bus fare) <i>(not car loan payments – see l.)</i>			\$
d. Clothing			\$
e. Medical, dental <i>(not insurance payments, see j)</i>			\$
f. Utilities (<i>gas, electric</i>)			\$
g. Telephone/cell phone			\$
h. Cable/satellite television			\$
i. Car insurance payment			\$
j. Health insurance payment			\$
k. Credit card payments			\$
l. Car loan payments			\$
m. Other loan payments			\$
n. Other expense (<i>identify</i>):			\$
o. Other expense (<i>identify</i>):			\$

H. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information):

_____	_____	_____	_____
(Name of attorney or organization, if any)	(Attorney's P.I.N. # -- Ask the attorney)		
_____	_____	_____	_____
(Business address of attorney or organization)	(City)	(State)	(Zip code)
(_____) _____	(_____) _____		
(Attorney's phone number – required)	(Attorney's fax number, if there is one)		

I. OATH AND SIGNATURE

I, _____ have read the above Financial
(Print your name)
Affidavit. I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Financial Affidavit is true and correct and that I gave or mailed a copy of this document to the other party or the other party's attorney (if any) on this ____ day of _____, 20____.

(Month) (Year)

(Your signature)

FL-17.125 AFFIDAVIT OF MAILING NOTICE

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where your case is filed)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

<p>Equity case number:</p> <p>_____</p> <p>Affidavit of Mailing Notice <i>(CLERK STAMPS HERE)</i></p>

C. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information):*

_____	_____
<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # -- Ask the attorney)</i>
_____	_____
<i>(Business address of attorney or organization)</i>	<i>(City) (State) (Zip code)</i>
() _____	() _____
<i>(Attorney's phone number – required)</i>	<i>(Attorney's fax number, if there is one)</i>

D. PETITIONER'S OATH AND SIGNATURE

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the state of Iowa that on the _____ day of _____, 200____, I sent by ordinary mail, with proper postage affixed, the following paper or papers *(check one)*:

- Original Notice and Petition for Dissolution of Marriage – OR –
- Notice of Intent to File a Written Application for Default Decree to the other party's last-known address as follows:

(Street address)

(City) (State) (Zip code)

Petitioner's signature: _____

Notice to the Petitioner: You *must* file this form at the district court clerk's office if you served Notice by Publication in a newspaper – OR – if you ask the court for a final Decree by default.

FL-17.126 NOTICE OF INTENT TO FILE WRITTEN APPLICATION FOR DEFAULT DECREE
PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where your case is filed)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

VS.

RESPONDENT *(Full name: first, middle, last)*

<p>Equity case number:</p> <hr/> <p>Notice of Intent to File Written Application for Default Decree <i>(CLERK STAMPS HERE)</i></p>
--

C.

TO: _____
(Respondent's Name: First, Middle, Last)

DATE OF NOTICE: _____

IMPORTANT NOTICE

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO TAKE ACTION REQUIRED OF YOU IN THIS CASE. UNLESS YOU ACT WITHIN **TEN DAYS** FROM THE DATE OF THIS NOTICE, A DEFAULT DECREE OF DISSOLUTION OF MARRIAGE WILL BE ENTERED AGAINST YOU WITHOUT A HEARING, AND YOU MAY LOSE YOUR PROPERTY OR OTHER IMPORTANT RIGHTS. YOU SHOULD SEEK LEGAL ADVICE AT ONCE.

Signature of Petitioner or Petitioner's Attorney

Petitioner's Street Address _____ *City* _____ *State* _____ *Zip Code*

Petitioner's Telephone Number

Instructions for the Petitioner:

- (1) Deliver a copy of this form to the Respondent by mail or in-person.
- (2) Complete form **FL-17.125** and file the original at the district court clerk's office.
- (3) File the original of this form (**FL-17.126**) at the district court clerk's office.
- (4) Keep a copy for your records.

FL-17.127 REQUEST FOR RELIEF IN A DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Petition was filed)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

Equity case number:

**Request for Relief in a
Dissolution of Marriage
With No Minor Children
(CLERK STAMPS HERE)**

C. PERSONAL INFORMATION

1. Husband: _____
(Name)

(Present street address) (City) (State) (Zip code)

(County) (Date of birth)

2. Wife: _____
(Name)

(Present street address) (City) (State) (Zip code)

(County) (Date of birth)

D. REQUEST FOR RELIEF

3. Children *(check all that are true):*

- a. There are no children under the age of 18 who are children of both the husband and the wife.
- b. There are no children under the age of 18 who were adopted or born during this marriage.
- c. There are no children 18 years of age or older who still need support.
- d. The wife is not pregnant.

4. Breakdown of Marriage. The marriage has broken down and cannot be saved.

5. Counseling. Counseling will not save the marriage.

6. Waiting Period Before Decree *(check only one):*

- a. More than 90 days have passed since Respondent was served with an Original Notice.
- b. I want the court to take action right away without a separate hearing. I have no children affected by this action. The wife is not pregnant. This paper explains how I would like to settle all issues in my divorce.

7. Financial Statements.

- a. I filed a Financial Statement. I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- b. I am asking that the court not require me to file a financial statement because:

8. Division of Personal Property *(check only one):*

- a. All of the personal property obtained during the marriage has been divided. I ask that Husband will keep the personal property in his possession and Wife will keep the personal property in her possession.
- b. I ask that our personal property be divided as follows:

(Attach additional sheets if necessary.)

(1) Husband will get the following as his separate personal property: _____

(2) Wife will get the following as her separate personal property: _____

9. Division of Real Estate.

a. Ownership of Real Estate *(check only one):*

- (1) We do not own any real estate *(if you check this box, skip to 10)*.
- (2) We own real estate located at: (address) _____
 in the City of _____, County of _____, State of _____.
 This land is described in the deed as follows: _____

b. The Real Estate shall be *(check only one):*

- (1) Sold and the profit or debt divided _____% to Husband and _____% to Wife.
- (2) Awarded to Husband, subject to all liens and mortgages.
- (3) Awarded to Wife, subject to all liens and mortgages.
- (4) Other (describe): _____

10. Division of Debts *(check only one):*

- a. There are no debts.
- b. I have listed all the debts I know about and ask that they be divided as follows:
(Attach additional sheets if necessary.)

(1) Husband will pay the following debts:

<u>(a) Business or person to whom a debt is owed</u>	<u>(b) Account number - if any</u> <i>(Last 4 numbers only)</i>	<u>(c) Total Amount</u> <u>Still Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(2) Wife will pay the following debts:

(a) <u>Business or person to whom a debt is owed</u>	(b) <u>Account number</u> - if any <i>(Last 4 numbers only)</i>	(c) <u>Total Amount Still Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Any of my spouse's debts that I do not know about should be paid by my spouse.

11. Cash Payment *(check only one):*

- a. I ask that neither Husband nor Wife pay any money to the other.
- b. I ask that Husband pay Wife \$ _____ to equalize the division of property and debts.
- c. I ask that Wife pay Husband \$ _____ to equalize the division of property and debts.

12. Alimony *(check only one):*

- a. I ask that neither Husband nor Wife pay alimony to the other.
- b. I ask that alimony be paid as follows:

13. Name Change. I ask that my name *(check only one):*

- a. Not be changed
- b. Be changed to _____

14. Court Fees. I ask that *(check only one):*

- a. All court fees will be paid by Husband.
- b. All court fees will be paid by Wife.
- c. Husband and Wife shall each pay one-half of the remaining court fees.
- d. Husband and Wife shall each pay one-half of the total court fees.

15. Attorney's Fee *(check only one)*

- a. I have no attorney's fees.
- b. I will pay my own attorney's fees.
- c. I ask that my spouse pay me \$ _____ for attorney's fees.

16. Necessary Documents.

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the decree.

17. Other Request for Relief

18. Statements of Understanding and Fact. (Check all that apply):

- a. I have made a full disclosure of my property and debts to the court.
- b. This request for relief addresses all issues in my divorce.
- c. I want this request for relief to be approved by the court and made part of the final Decree.

E. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information):

(Name of attorney or organization, if any)	(Attorney's P.I.N. # -- Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
() (Attorney's phone number – required)	() (Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Request for Relief" above and it accurately states how I would like the court to address the issues in my divorce. I ask that this document be presented to a judge for approval and filing with the court. I also certify that I gave or mailed a copy of this Request for Relief to the other party or the other party's attorney (if any) on (date): _____, 20_____.

My Signature

My Printed Name

FL-17.128 SETTLEMENT AGREEMENT FOR A DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Petition was filed)

IN RE THE MARRIAGE OF: _____ and _____
(Petitioner's name) (Respondent's name)

B. UPON THE PETITION OF

PETITIONER *(Full name: first, middle, last)*

AND CONCERNING

RESPONDENT *(Full name: first, middle, last)*

Equity case number:

**Settlement Agreement for a
Dissolution of Marriage
With No Minor Children
(CLERK STAMPS HERE)**

C. PERSONAL INFORMATION

1. Husband's: _____
(Name)

(Present street address) (City) (State) (Zip code)

(County) (Date of birth)

2. Wife's: _____
(Name)

(Present street address) (City) (State) (Zip code)

(County) (Date of birth)

D. AGREEMENTS

We agree to the following:

3. Children *(check all that are true):*

- a. There are no children under the age of 18 who are children of both the husband and the wife.
- b. There are no children under the age of 18 who were adopted or born during this marriage.
- c. There are no children 18 years of age or older who still need support.
- d. The wife is not pregnant.

4. Breakdown of Marriage. The marriage has broken down and cannot be saved.

5. Counseling. Counseling will not save the marriage.

6. Waiting Period Before Final Decree *(check one):*

- a. More than **90 days** have passed since Respondent accepted service or was served with an Original Notice.
- b. We want the court to take immediate action without a separate hearing because we have no children affected by this case, the wife is not pregnant, and we agree on how to settle all issues in our divorce.

7. Financial Statements *(check one):*

- a. Husband has filed a Financial Statement. He certifies that he has fully disclosed all income and the identity and value of all assets and debts.
- b. Wife has filed a Financial Statement. She certifies that she has fully disclosed all income and the identity and value of all assets and debts.
- c. We ask the court to not require us to file Financial Statements because: _____

8. Division of Personal Property *(check one):*

- a. We have divided our personal property. Husband will keep the personal property in his possession. Wife will keep the personal property in her possession. *(If you check this box, skip to **9**.)*
- b. Our personal property will be divided as follows *(Attach additional sheets if necessary):*

(1) Husband will get the following as his separate personal property: _____

(2) Wife will get the following as her separate personal property: _____

9. Division of Real Estate

a. Ownership of Real Estate *(check one):*

- (1) We do not own any real estate *(if you check this box, skip to 10)*.
- (2) We own real estate located at *(address)* _____
 in the city of _____, county of _____, state of _____.
 This land is described in the deed as follows: _____

 _____.

b. The Real Estate shall be *(check one):*

- (1) Sold and the profit or debt is divided _____% to Husband and _____% to Wife.
- (2) Awarded to Husband, subject to all liens and mortgages.
- (3) Awarded to Wife, subject to all liens and mortgages.
- (4) Other (describe): _____

10. Division of Debts *(check one):*

- a. There are no debts.
- b. We have listed all the debts we know about and ask that they be divided as follows:
(Attach additional sheets if necessary.)

(1) Husband will pay the following debts:

<u>(a) Business or person to whom a debt is owed</u>	<u>(b) Account number - if any</u> <i>(Last 4 numbers only)</i>	<u>(c) Total Amount</u> <u>Still Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(2) Wife will pay the following debts:

(a) <u>Business or person to whom a debt is owed</u>	(b) <u>Account number</u> - if any <i>(Last 4 numbers only)</i>	(c) <u>Total Amount</u> <u>Still Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Any debts that we do not know about should be paid by the spouse who made the debt.

11. Cash Payment to Equalize the Division of Property and Debts *(check one):*

- a. Neither Husband nor Wife will pay any money to the other.
- b. Husband will pay Wife \$ _____ by (date): _____
- c. Wife will pay Husband \$ _____ by (date): _____

12. Alimony *(check one):*

- a. Neither Husband nor Wife will pay alimony to the other.
- b. Husband will pay alimony to Wife as follows: _____

- c. Wife will pay alimony to Husband as follows: _____

13. Name Change.

- a. Husband's name *(check one):*
 - (1) Will not be changed
 - (2) Will be changed to _____
- b. Wife's name *(check one):*
 - (1) Will not be changed
 - (2) Will be changed to _____

14. Court Fees *(check one):*

- a. All court fees will be paid by Husband.
- b. All court fees will be paid by Wife.
- c. Husband and Wife shall each pay one-half of the remaining court fees.
- d. Husband and Wife shall each pay one-half of the total court fees.

15. Attorney's Fee.

a. Husband's attorney's fees (*check one*):

- (1) Husband has no attorney's fees
- (2) Husband will pay his own attorney's fees
- (3) Wife will pay \$ _____ for Husband's attorney's fees.

b. Wife's attorney's fees (*check one*):

- (1) Wife has no attorney's fees
- (2) Wife will pay her own attorney's fees
- (3) Husband will pay \$ _____ for Wife's attorney's fees.

16. Necessary Documents. We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement.

17. Other Agreements (*Attach additional sheets if necessary.*)

E. ATTORNEY HELP

Check one: a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (*If you check b., you must fill in the following information*):

(Name of attorney or organization, if any)	(Attorney's P.I.N. # -- Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
() (Attorney's phone number – required)	() (Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

This Settlement Agreement addresses all issues in our divorce. We have made a full disclosure of our property and debts to each other. We want this agreement to be approved by the court and made part of the final Decree.

Wife's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Marital Settlement Agreement" above and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

Date signed by Wife

Wife's Signature

Wife's Printed Name

Husband's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Marital Settlement Agreement" above and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

Date signed by Husband

Husband's Signature

Husband's Printed Name

D. GENERAL INFORMATION ABOUT THIS CASE

4. Information about the current child support order:

- a. Date entered: _____ / _____ / _____
(Month) (Day) (Year)
- b. County and state where the current order is entered: _____
- c. Case number on the current child support order: _____
- d. (Name) _____ pays child support in this case.
 (Name) _____ receives child support in this case.
- e. The current child support payment is: \$ _____ per _____
(Week or month)

5. (Check if true.) A copy of the current child support order is attached.

6. (Check all that are true.)

- The Child Support Recovery Unit (CSRU) is involved in this case.
- The Collection Services Center (CSC) is involved. The CSC number is: _____

7. (Check if true.)

There are other child support orders for the child or children involved in this case. They are:
(If you check this box, write in the following information.)

Case # _____ County & State _____
 Case # _____ County & State _____

8. The following children are covered by the current child support order:

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

Note: If you need more lines to list the children, attach a separate sheet and check this box:

► Stop! If there is a court order that sets up custody and you need to change custody, you cannot use this form. Talk to an attorney if you need to change custody

FL-17.303 CONFIDENTIAL INFORMATION FORM

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where Application is filed)

B. UPON THE PETITION OF _____

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number: _____ Confidential Information Form <i>(CLERK STAMPS HERE)</i>
--

C. APPLICANT'S INFORMATION *(The person who files the Application to modify child support)*

Name: _____
Last First Middle

Address: _____
Street Number City State ZIP Code

Soc. Security #: _____ Drivers License #: _____

Birth Date: _____ Telephone #: _____

Employer: _____

Employer's Address: _____
Street Number City State ZIP Code

Employer's Telephone #: _____

D. OTHER PARTY'S INFORMATION

Name: _____
Last First Middle

Address: _____
Street Number City State ZIP Code

Soc. Security #: _____ Drivers License #: _____

Birth Date: _____ Telephone #: _____

[Court Order June 17, 2008]
Forms FL-17.307 and 17.308 Reserved

FL-17.309 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application is filed)

B. UPON THE PETITION

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

<p>Equity case number:</p> <hr/> <p>Application and Affidavit to Defer Payment of Costs <i>(CLERK STAMPS HERE)</i></p>
--

C. REQUEST

1. My name is: _____ *(Print clearly.)*

2. *(Check all that apply.)*

- a. I am unable to pay the filing fee or service costs or other court costs.
- b. I ask the Court for permission to proceed without prepayment of costs and fees.
- c. I am filing this application and affidavit in good faith.
- d. I believe I am entitled to what I am asking for in this case.

D. FINANCIAL INFORMATION

3. Number of people living in my household: _____

4. My household income is \$ _____ per month.
(Put the amount of all income and benefits before deductions.)

5. List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP): _____

6. My household has the following monthly expenses:

- a. Rent or mortgage \$ _____
- b. Utilities \$ _____
- c. Telephone \$ _____
- d. Food \$ _____
- e. Transportation \$ _____

7. I have \$ _____ in cash, checking and savings.

E. ATTORNEY HELP

- (Check one.) a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

 (Name of attorney or organization, if any) (Attorney's P.I.N. # – Ask the attorney)

 (Business address of attorney or organization) (City) (State) (ZIP Code)

() _____ () _____
 (Attorney's phone number – Required) (Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

 (Name of person to whom I delivered or mailed it)

 (Person's street address) (City) (State) (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

 (Your mailing address – Required) (City – Required) (State, ZIP Code – Required)

 (E-mail address – Optional) () _____
 (Fax number – Optional)

FL-17.315 ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

_____ **RESPONDENT** *(As it is in the Application)*

Equity case number:

Answer to Application to Modify Child Support Only (CLERK STAMPS HERE)

▶ **STOP! Use this form only if you are responding to an Application for Modification of Child Support on form **FL-17.301**. For all other situations, see the instructions for this form.**

C. PERSONAL INFORMATION

1. *(Check only one. If you check the second box, fill in the blanks.)*

- The Applicant's year of birth and present residence are correct in the Application.
- The Applicant's year of birth and present residence are:

<i>(Name)</i>	<i>(Year of birth)</i>
<i>(Present street address)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
<i>(County)</i>	() <i>(Phone number)</i>

2. Response *(Check only one. If you check the second box, fill in the blanks.)*

- My year of birth and present residence are correct in the Application.
- My year of birth and present residence are:

<i>(Name)</i>	<i>(Year of birth)</i>
<i>(Present street address)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
<i>(County)</i>	() <i>(Phone number)</i>

3. (Check only one. If you check the third box, fill in the blanks.)

- There is no non-parent who gets child support in this case.
- The year of birth and present residence of the non-parent getting child support are correct in the Application.
- The correct identifying information for the non-parent receiving child support is:

_____ (Name) _____ (Year of birth)

_____ (Present street address) _____ (City) _____ (State) _____ (ZIP Code)

_____ (County) _____ (Phone number)

D. GENERAL INFORMATION ABOUT THIS CASE**4.**

a. (Check only one. If you check the second box, fill in the blanks.)

- The date of the current child support order is correct in the Application.
- The correct date of the current child support order is: _____ / _____ / _____.
- Month Day Year

b. (Check only one. If you check the second box, fill in the blanks.)

- The county and state of the current child support order are correct in the Application.
- The correct county and state of the current child support order are:

County: _____ State: _____

c. (Check only one. If you check the second box, fill in the blank.)

- The case number of the current child support order is correct in the Application.
- The correct case number of the current child support order is: _____.

d. (Check only one. If you check the second box, fill in the blanks.)

- The Application correctly states who receives and who pay child support.
- The correct information is that (name) _____ pays child support in this case and (name) _____ receives child support.

e. (Check only one. If you check the second box, fill in the blanks.)

- The Application correctly states the amount of child support ordered.
- The correct currently ordered child support payment is: \$ _____ per _____.
- (week or month)

5. (Check only one.)

- a. A copy of the current child support order was attached to the Application.
- b. A copy of the current child support order was not attached to the Application.

6. (Check only one. If you check the second box, fill in the blank.)

- a. The Child Support Recovery Unit and/or the Collection Services Center are not involved.
- b. The child support recovery unit and/or the Collection Services Center (CSC) are involved.

The CSC number for payments is _____.

- 7.** *(Check only one. If you check the second box, fill in the blanks.)*
- a. There are no other child support orders for the child or children involved in this case.
 - b. There are other child support cases for the child or children involved in this case. They are
 Case # _____, County and State _____
 Case # _____, County and State _____

- 8.** *(Check only one. If you check the second box, fill in the blanks.)*
- a. The Application correctly identifies the children covered by the current child support order.
 - b. The Application does not correctly identify the children covered by the current child support order. *(Identify the children covered.)* The following children are covered by the current support order:

<i>First, middle & last initials of each child</i>	<i>Year of birth</i>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____

(If you attach a separate sheet with an additional child or children, check this box .)

- 9.**
- a. *(Check only one.)*
 - It is correct that there is a juvenile court order changing placement and that the person paying support has the child or children.
 - There is no juvenile court order that gives care of the child to the party paying support.
 - b. *(Check only one.)*
 - It is correct that one or more of the children now live with the person paying support.
 - None of the children live with the person who is ordered to pay support.
 - c. *(Check only one.)*
 - It is correct that one or more of the children no longer qualifies for support.
 - There has been no change in the number of children who qualify for support.
 - d. *(Check only one.)*
 - I agree that the other party's income has gone down.
 - I do not agree that the other party's income has gone down.
 - e. *(Check only one.)*
 - I agree that my income has gone up.
 - I do not agree that my income has gone up.

f. My response to the other reason in the Application: _____

10. Child support should: *(Check all that apply. If you check more than one, explain on the blank lines.)*

- a. Be raised _____
- b. Be lowered _____
- c. Be stopped _____
- d. Not be changed _____

11. *(Check only one.)*

- a. There is no court order at this time on tax deductions for the child or children.
- b. A court order currently says who gets the tax deduction for the child or children and it should stay the same.
- c. A court order currently says who gets the tax deduction for the child or children and it should be changed.

12. *(Check only one.)*

- a. There is no court order at this time on who pays for health care expenses for the child or children.
- b. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. A court order currently says who pays for health care expenses for the child or children and it should be changed.

13. I am: *(Check all that are true and fill in the blanks for the ones you check.)*

a. In the military service. *(Give the location.)*

 b. In prison or jail. *(Give the location.)*

14. *(Check if true, and fill in the blanks if you check the box.)*

There is a “protective order” or a “no contact order” between the other party and me. If this box is checked, write in the following information *(Required)*:

_____ (County) _____ (State) _____ (Case number)

15. Other: _____

E. REQUEST

16. I ask the court to: *(Check all that apply.)*

- a. Dismiss the request for a change in child support.
- b. Raise child support.
- c. Lower child support.
- d. Stop child support completely.
- e. Leave the dependant's deduction for income tax unchanged.
- f. Change the party who gets the dependant's deduction for income tax.
- g. Leave the responsibility for health insurance expenses unchanged.
- h. Change the responsibility for health insurance expenses.
- i. Order that the other party pay the court fees.
- j. Order that the other party pay my attorney fees.
- k. Other request: _____

F. ATTORNEY HELP

- (Check one.)*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any)

(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization)

(City)

(State)

(ZIP Code)

(_____) _____
(Attorney's phone number – Required)

(_____) _____
(Attorney's fax number, if there is one)

G. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,
(Print your name) *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address)

(City)

(State)

(ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature - Required)

(Your mailing address – Required)

(City – Required)

(State, ZIP Code – Required)

(E-mail address – Optional)

(_____) _____
(Fax number – Optional)

FL-17.316 GENERAL ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

<p>Equity case number:</p> <hr/> <p>General Answer to Application to Modify Child Support Only <i>(CLERK STAMPS HERE)</i></p>
--

▶ **STOP!** If you are responding to an Application labeled **FL-17.301** → do not use this form. Use form **FL-17.315**

C. ANSWER

1. I admit that these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you think are true.)

2. I deny these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you think are false.)

3. I do not know whether these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you are not sure about.)

4. I deny anything in the Application that is not admitted in this Answer.

5. Other information: _____

D. REQUEST

I ask the court to:

E. ATTORNEY HELP

- (Check one.) a. An attorney did not help me prepare or fill in this paper.
- b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

(Name of attorney or organization, if any) _____
(Attorney's P.I.N. # - Ask the attorney)

(Business address of attorney or organization) _____
(City) (State) (ZIP Code)

() _____
(Attorney's phone number - Required) () _____
(Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address) _____
(City) (State) (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature - Required) _____

(Your mailing address - Required) _____
(City - Required) (State, ZIP Code - Required)

(E-mail address - Optional) () _____
(Fax number - Optional)

FL-17.322 MOTION

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION

PETITIONER *(As it is in the Application)*

VS.

RESPONDENT *(As it is in the Application)*

Case Number:
Motion <i>(CLERK STAMPS HERE)</i>

C. REQUEST

- 1.** My name is: _____
- 2.** I ask the court to: *(Check all that apply.)*
- a. Change the hearing date that has been set for _____, 20____.
 - b. Set a hearing date for a modification of child support.
 - c. Other request *(explain)*: _____
- _____

3. I am making this request because: _____

D. ATTORNEY HELP

- (Check one.)*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____	_____
<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
_____	_____
<i>(Business address of attorney or organization)</i>	<i>(City) (State) (ZIP Code)</i>
(_____) _____	(_____) _____
<i>(Attorney's phone number – Required)</i>	<i>(Attorney's fax number, if there is one)</i>

E. CERTIFICATION AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

_____ _____ _____ _____
(Person's street address) *(City)* *(State)* *(ZIP Code)*

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

_____ _____ _____
(Your mailing address – Required) *(City – Required)* *(State, ZIP Code – Required)*

_____ (_____) _____
(E-mail address – Optional) *(Fax number – Optional)*

FL-17.323 **RESPONSE TO A MOTION**

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where you're the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS.

RESPONDENT *(As it is in the Application)*

Equity case number:

Response to a Motion
<i>(CLERK STAMPS HERE)</i>

C. RESPONSE TO THE MOTION

1. My name is _____

2. The other party filed a Motion on *(date stamped on Motion)*: _____, 20____.
(Month & day) (Year)

3. My response to the Motion: *(Check one; if you check "a.," write your reason on the blank lines.)*

a. I object to the request(s) in the Motion because:

b. I do not object to the request(s) in the Motion

D. ATTORNEY HELP

(Check one.) a. An attorney did not help me prepare or fill in this paper.

b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____ *(Name of attorney or organization, if any)* _____ *(Attorney's P.I.N. # – Ask the attorney)*

_____ *(Business address of attorney or organization)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

(_____) _____ *(Attorney's phone number – Required)* (_____) _____ *(Attorney's fax number, if there is one)*

E. CERTIFICATION AND SIGNATURE

I, _____ certify that on _____, 20_____,
(Print your name) *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

_____ *(Person's street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

_____ *(Your mailing address – Required)* _____ *(City – Required)* _____ *(State, ZIP Code – Required)*

_____ *(E-mail address – Optional)* (_____) *(Fax number – Optional)*

FL-17.324 CHILD SUPPORT MODIFICATION FINANCIAL STATEMENT

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

<p>Equity case number: _____</p> <hr/> <p>Child Support Modification Financial Statement <i>(CLERK STAMPS HERE)</i></p>
--

I, *(print your name)* _____, state that the following is a true and complete statement of the requested information:

C. MY INCOME

(Because this financial statement will become public record, you are not required to list the name of your employer(s).)

1. Income from my employment

a. Job / Title: _____

Gross income: \$ _____ per _____
-- Before taxes (week or month)

Net income: \$ _____ per _____
-- After taxes (week or month)

b. Job / Title: _____

Gross income: \$ _____ per _____
-- Before taxes (week or month)

Net income: \$ _____ per _____
-- After taxes (week or month)

2. Other Income: \$ _____ per _____ Describe source of income: _____
(week or month)

3. Income from Social Security Disability (SSD) Benefits

a. Total SSD benefits paid to you for your disability:

(1) Amount paid for your expenses: \$ _____ per month

(2) Amount paid for your children's expenses: \$ _____ per month

b. List the initials (first, middle, last) and birth year of the children in your home who receive SSD benefits:

Child's initials (first, middle, last)	Birth year:
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

c. The following are my children who receive Social Security Disability benefits but live with someone else:

Child's initials (first, middle, last):	Amount of SSD benefit:	Name of person receiving payment:
(1) _____	\$ _____ per month	_____
(2) _____	\$ _____ per month	_____
(3) _____	\$ _____ per month	_____
(4) _____	\$ _____ per month	_____
(5) _____	\$ _____ per month	_____

d. Total SSD benefits paid to someone else for the children in "2.c.": \$ _____ per month

e. Total SSD benefits paid to you because you are the spouse of the disabled parent:
\$ _____ per month

D. MY DEDUCTIONS

- 4.** Tax Status:
- a. I am currently married to the other parent. *(Check one.)* Yes No
 - b. I have custody of the child or children in this case. *(Check one.)* Yes No

5. Number of exemptions: Yourself: 1 Children: _____

6. Income tax withheld: Federal: \$ _____ per _____
State: \$ _____ per _____

7. FICA *(Social Security & Medicare)*: \$ _____ per _____

8. Mandatory pension contribution: \$ _____ per _____

9. Union dues: \$ _____ per _____

10. Dependent health insurance premium: \$ _____ per _____

Name(s) of dependent(s) covered: _____

11. Actual medical support paid for the child or children as required by court order:

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

12. Parent's medical expenses that have not been paid by insurance: \$ _____ per _____

(This includes individual health insurance premiums or individual health care expenses that are not covered by insurance but the amount cannot exceed \$25 per month.)

13. Prior court-ordered child support or alimony:

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

14. Qualified additional dependent deduction

*List the name and birth year of each child you are the legal parent of. **Do not include any children covered by the child support order involved in this case.***

Child's initials (<i>First, middle, last</i>)	Birth year:
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

15. Actual child care expense due to employment (*custodial parent only*): \$ _____ per _____

16. Extraordinary visitation

Number of Court Ordered Overnights: _____

NOTE: If the court ordered equally shared physical care for the children, this credit does not apply.

E. MY ASSETS

17. (1) Bank Name: _____
 Amount in: Checking account: \$ _____ Savings account: \$ _____

(2) Bank Name: _____
 Amount in: Checking account: \$ _____ Savings account: \$ _____

If you have additional bank accounts, attach an additional page and check this box.

18. Real Estate (*street address*): _____

 (City) (State) (ZIP Code)

Purchase Price: \$ _____ Amount you still owe: \$ _____

If you own additional real estate, attach an additional page and check this box.

19. Current value of: Stocks: \$ _____ Bonds: \$ _____

20. Vehicles (*cars, trucks, vans, motorcycles, boats*):

a. Type: _____ Year: _____ Model: _____ Current value: \$ _____

b. Type: _____ Year: _____ Model: _____ Current value: \$ _____

c. Type: _____ Year: _____ Model: _____ Current value: \$ _____

If you own additional vehicles, attach an additional page and check this box.

F. MY EXPENSES

(1) House payment or rent: \$ _____ per _____

(2) Utilities: \$ _____ per _____

(3) Meals or food: \$ _____ per _____

(4) Telephone: \$ _____ per _____

(5) Clothing: \$ _____ per _____

(6) Cable/satellite T.V.: \$ _____ per _____

(7) Medical/ Dental: \$ _____ per _____

(8) Car expenses: \$ _____ per _____

(9) Other expenses: \$ _____ per _____ Describe: _____

(10) Other expenses: \$ _____ per _____ Describe: _____

(11) Other expenses: \$ _____ per _____ Describe: _____

G. MY DEBTS *(Regular payments owed for borrowed money)*

(For example: credit cards, department stores, loan companies, banks, auto loans)

(1) Payable to:	(2) Item or Service	(3) Payment Amount	(4) Balance Due
(a) _____	_____	\$ _____ per _____	\$ _____
(b) _____	_____	\$ _____ per _____	\$ _____
(c) _____	_____	\$ _____ per _____	\$ _____
(d) _____	_____	\$ _____ per _____	\$ _____
(e) _____	_____	\$ _____ per _____	\$ _____

If you have additional debts, attach an additional page and check this box

H. CURRENT SPOUSE'S INCOME *(If you are not currently married, skip to I.)*

(1) Job / Title: _____ (2) Job / Title: _____

Gross income: \$ _____ per _____ <i>-- Before taxes (week or month)</i>	Gross income: \$ _____ per _____ <i>-- Before taxes (week or month)</i>
Net income: \$ _____ per _____ <i>-- After taxes (week or month)</i>	Net income: \$ _____ per _____ <i>-- After taxes (week or month)</i>

(3) Other Income: \$ _____ per _____ Describe source of income: _____

I. ATTORNEY HELP

- (Check one.) a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any) _____
(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization) _____
(City) _____
(State) _____
(ZIP Code)

(_____) _____
(Attorney's phone number – Required) _____
(Attorney's fax number, if there is one)

Continued on the next page

J. OATH AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

_____ _____ _____ _____
(Person's street address) *(City)* *(State)* *(ZIP Code)*

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

_____ _____ _____
(Your mailing address – Required) *(City – Required)* *(State, ZIP Code – Required)*

_____ (_____) _____
(E-mail address – Optional) *(Fax number – Optional)*

FL-17.325 AFFIDAVIT OF MAILING NOTICE

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number: _____
Affidavit of Mailing Notice <i>(CLERK STAMPS HERE)</i>

C. ATTORNEY HELP

- (Check one.)*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any) _____
(Attorney's P.I.N. # - Ask the attorney)

(Business address of attorney or organization) _____
(City) _____
(State) _____
(ZIP Code)

(_____) _____
(Attorney's phone number - required) _____
(Attorney's fax number, if there is one)

D. OATH AND SIGNATURE

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the state of Iowa that on the _____ day of _____, 20____, I sent by ordinary mail, with proper postage affixed, the following paper or papers *(check each that applies)*:

- Notice of Intent to File a Written Application for Default Decree
- Other document *(describe)*: _____

to the other party at his or her last known address as follows:

Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

My signature: _____

Notice to the Applicant: You *must* file this form at the district court clerk's office if you ask the court for a final Decree for Modification of Child Support Only by default.

FL-17.327 REQUEST FOR RELIEF IN AN APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application was filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

Equity case number:

**Request for Relief in an
Application to Modify
Child Support Only
(CLERK STAMPS HERE)**

C. PERSONAL INFORMATION

1. Mother: _____
(Name)

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

2. Father: _____
(Name)

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

3. Person -- other than a parent -- who is receiving child support in this case:

_____ *(Name)*

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

D. REQUEST FOR RELIEF

4. Child Support (Check all that are true and fill in the blanks for the ones you check.)

a. Child support should be raised from \$ _____ per month to \$ _____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

b. Child support should be lowered from \$ _____ per month to \$ _____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

c. Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

- (1) Amount requested: \$ _____ per month
- (2) Why it should be different than the Guidelines amount: _____

d. Child support should be stopped beginning on the _____ day of _____, 20____, for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

5. Tax dependency deduction (Check the one that is true; if you check c. -- fill in the blanks.)

- a. There is no court order at this time on tax dependency deduction.
- b. A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c. A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

6. Health care expenses (Check the one that is true.)

- a. There is no court order at this time on who pays health care expenses.
- b. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

(Fill in the blanks.)

I should pay _____% of the out-of-pocket health care expenses.

The other parent should pay _____% of the out-of-pocket health care expenses.

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,
(Print your name) *(Month & day)* *(Year)*

I mailed or gave a copy of this form to all other parties and attorneys *(list the names)*:

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Request for Relief" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I ask that this document be presented to a judge for approval and filing with the court.

(Your signature - Required) _____

(Your mailing address - Required) *(City - Required)* *(State, ZIP Code - Required)*

(E-mail address - Optional) ()
(Fax number - Optional)

FL-17.328 SETTLEMENT AGREEMENT FOR AN APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application was filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

Equity case number:

**Settlement Agreement for an
Application to Modify
Child Support Only
(CLERK STAMPS HERE)**

C. PERSONAL INFORMATION

1. Mother: _____
(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

2. Father: _____
(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

3. Person -- other than a parent -- who is receiving child support in this case:

(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

D. AGREEMENT

4. Child Support (Check all that are true and fill in the blanks for the ones you check.)

a. Child support should be raised from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

b. Child support should be lowered from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

c. Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

(1) Amount requested: \$_____ per month

(2) Why it should be different than the Guidelines amount: _____

d. Child support should be stopped beginning on the _____ day of _____, 20____, for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

5. Tax dependency deduction *(Check the one that is true; if you check c. -- fill in the blanks.)*

- a. There is no court order at this time on tax dependency deduction.
- b. A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c. A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

6. Health care expenses *(Check the one that is true.)*

- a. There is no court order at this time on who pays health care expenses.
- b. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

(Fill in the blanks.)

The mother should pay _____% of the out-of-pocket health care expenses.

The father should pay _____% of the out-of-pocket health care expenses.

7. Court Fees *(Check one.)*

- a. All court fees will be paid by the mother.
- b. All court fees will be paid by the father.
- c. Each parent shall pay one-half of the remaining court fees.
- d. Each parent shall pay one-half of the total court fees.

8. Attorney's Fee.

- a. Mother's attorney's fees. *(Check one.)*
 - (1) Mother has no attorney's fees
 - (2) Mother will pay her own attorney's fees
 - (3) Father will pay \$_____ for Mother's attorney's fees.
- b. Father's attorney's fees. *(Check one.)*
 - (1) Father has no attorney's fees
 - (2) Father will pay his own attorney's fees
 - (3) Mother will pay \$_____ for Father's attorney's fees.

9. Necessary Documents. We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement.

10. Other Agreements *(Attach additional sheets if necessary.)*

11. Statements of Understanding and Fact *(Check all that apply.)*

- a. We have made a full disclosure of our income to the court.
- b. This Settlement Agreement addresses all issues in the application to modify child support only.
- c. We want this request to be approved by the court and made part of the final order.

E. ATTORNEY HELP

- 12. Mother** *(Check one.)*
- a. An attorney did not help me prepare or fill in this paper.
 - b. An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
<i>(Business address of attorney or organization)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
()	()
<i>(Attorney's phone number – Required)</i>	<i>(Attorney's fax number, if there is one)</i>

- 13. Father** (Check one.) a. An attorney did not help me prepare or fill in this paper.
 b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
<i>(Business address of attorney or organization)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
(<i> </i>) <i>(Attorney's phone number – Required)</i>	(<i> </i>) <i>(Attorney's fax number, if there is one)</i>

F. OATH AND SIGNATURE

This Settlement Agreement addresses all issues in the Application to Modify Child Support Only. We have made a full disclosure of our income to each other. We want this agreement to be approved by the court and made part of the final order.

Mother's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

	<i>Mother's signature</i>
<i>Date signed</i>	<i>Mother's printed name</i>

Father's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

	<i>Father's signature</i>
<i>Date signed</i>	<i>Father's printed name</i>

STOP! If the Child Support Recovery Unite (CSRU) is involved in this case, or if a person other than a parent receives child support in this case, he or she must sign this form (see below).

Signature of Person Other than a Parent:

Signature – Person other than parent

Date signed

Printed name

Signature of CSRU Representative:

Signature – CSRU representative

Date signed

Printed name